Appendix 5

Sample CMS 1500 Claim Form — Physician Medical Services (Three Evaluation and Management Visits with Health Personnel Shortage Area Modifier and Laboratory Handling Fee)

1. MEDICARE MEDICAID CHAMPUS CHAMPUS (CHAMPUS CHAMPUS (ROUP MELTIPLAN BELICLUNG OTHER) 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) [Medicare #) [D. (Medicaid #) [Sponsor's SNN) (VA File #) (SSN or II) (II) (SSN or II) (III) (II
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